THE CITY OF NEW YORK

CERTIFICATE OF BIRTH REGISTRATION

NOVEMBE 10:17 PM	THE CITY OF NEW YO	RK - DEPARTME CERTIFICAT	E OF BIRT	ГН	156-15-102	2636	
1. NAME OF CHILD	(First, Middle, Last) Moshe Felberbaum						
2. SEX Male	3a. NUMBER DELIVERED of this pregnancy 3b. If more than one, number of this child in order of delivery	4a. DATE OF CHILD'S BIRTH	(Month) November	(Day) 09,	(Year · yyyy) 2015	4b. Time 03:38	IX AM. □ PM
5. PLACE 5 OF BIRTH	5a. NEW YORK CITY BOROUGH 5b	Name of Hospital of YU Langone M			et address)		
OF PLACE	Hospital Freestanding Birthing (Other-specify: PAPARENT'S NAME (Prior to first marriage)	[6b.	c/Doctor's Office	_ P	ome Delivery: lanned to deliver at 6c. MOTHER/PAR	home?	Unknown
(First, Mick	die, Last) SEXM X.F	100	DATE OF BIRTH (Month) (Day)	(Year - yyyy)	City & State or to	reign country	
7. MOTHER/		7d. Street	and number	Apt. No.	ZIP Cox	de 76	Inside city limits of 7c
a. State	ESIDENCE b. County Rockland Monsey	185 Parl	k Lane		1095		es 🔀 No 🗆
Ba. FATHER (First, Mick Jacob	/PAREN I'S NAME (Prior to trist marriage) dde, Last) SEX KMF Felberbaum		DATE OF BIRTH (Month) (Day) 01 / 18	(Year - yyyy)	City & State or lo	neign country	IPLAGE
		AM.D. RAM O O. RM Uic. Midwile Other-Specify	No C	orrection His	lory.		
Signed Ro Signed Sign	PLACE, DATE AND TIME GIVEN PREMATIC COOK UNDER THE TOOK OF FIRST AVENUE NEW YORK, NEW NOVEMBER 12	DO. DRA DO. DRA DO. RA DO. RA DO. RA DO. RA DO. RA DO. DRA DO.	15		Marie C		
Mothe Legal Name	er/Parent's Current (First, Middle, Last)	Apt.					

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the fruth of the statements made here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento do su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.

Bish De Blen

Usung I Horacets

From P. Euser

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

CITY REGISTRAR

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.



November 17, 2015

THE CITY OF NEW YORK VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MAY 07, 2014 02:55 PM

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-14-038489

NAME	(First, Middle, Last)		13.18		(6) at 1			
OF CHILD	Blima Felberbaum		FOF (Month)	70-7	(Day)	(Year - yyyy)	4b. Time	⊠ AM
SEX	3a. NUMBER DELIVERED of this pregnancy		LD'S May		01,	2014	10:36	. □ PM
Female	this child in order of delivery	BIR	spital or other fac	ility (if not		t address)		
OF BIRTH			Sinal Hospita	直接的人。				
c.TYPE D	☐ Hospital ☐ Freestanding Birthing	Center [Clinic/Doctor's	Office	□ H P	ome Delivery: lanned to deliver at l	home?	Director
PLACE C a. MOTHER (First, Midd			6b. MOTHER/ DATE OF (Month)	PARENT' BIRTH (Day)	S (Year - yyyy) 1984	6c. MOTHER/PAR City & State or to	ENT'S BIR reign country	THPLACE
Perl MOTHER/F	Horovitz PARENT'S 1.7c. City or town	7d.	Street and numb		Apt. No.	ZIP God	de 7	e. Inside city limits of 7c'
USUAL RE	SIDENCE b. County	18	5 Park Lane			109	Married Williams Co. St. Co.	Yes 🔀 No 🗆
(First, Midd	PARENT'S NAME (Prior to first marriage)	₩ M.D.	DATE OF (Month)	BIRTH (Day)	(Year - yyyy) 1984 orrection His	City & State or lo	reign country	
Victor M.	Grazi	D.O. Lic, Midwile Other-Specily	THE PART AND ADDRESS TO					
AT THE Signed An Sign Name of Sig	FY THAT THIS CHILD WAS BORN ALIVE PLACE, DATE AND TIME GIVEN CASTASÍA STEKAS CASTASÍA STEKAS OPER Anastasia Stekas (Type of	M.D. D.O. Hosp. Admin. Lic. Midwife Other-Spealty						
Address Or Date Signed	ne Gustave L. Levy Place Nev	V York, New 07 Year - y	York 10029 yyy 2014					
Legal	er/Parent's Current (First, Middle, Last) Perl Felberbaum							
Addr	ess 185 Park Lane Monsey State NY		Apt	-				

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental I lygiene does not certify to the truth of the statements made here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.

Bill de Blan

Way J Houselt

Shim P. Euser

MAYOR

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

CITY REGISTRAR

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

May 9, 2014



